REISSUE PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	ANDIGILOG-001R
First Named Inventor	CARL F. LIEPOLD
Original Patent Number	6,252,209
Original Patent Issue Date (Month/Day/Year)	06/26/2001
Express Mail Label No.	ER156299 2574S

Address to:

**Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231**

APPLICATION FOR REISSUE OF:
(Check applicable box)

[✔] Utility Patent [ ] Design Patent [ ] Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. [✔] Fee Transmittal Form *(PTO/ SB/ 56)*
   (Submit an original, and a duplicate for fee processing)

2. [✔] Applicant claims small entity status. See 37 CFR 1.27.

3. [✔] Specification and Claims in double column copy of patent format *(amended, if appropriate)*

4. [✔] Drawing(s) *(proposed amendments, if appropriate)*

5. [✔] Reissue Oath/Declaration (original or copy) *(37 C.F.R. § 1.175) (PTO/SB/51 or 52)*

6. [✔] Power of Attorney

7. Original U.S. Patent currently assigned? [✔] Yes [ ] No

   (If Yes, check applicable box(es))

   [✔] Written Consent of all Assignees *(PTO/SB/53)*

   [✔] 37 C.F.R. § 3.73(b) Statement *(PTO/SB/96)*

8. [ ] CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table

9. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all of the following are necessary)*

   a. [ ] Computer Readable Form (CRF)

   b. Specification Sequence Listing on:
      i [ ] CD-ROM (2 copies) or CD-R (2 copies); or
      ii [ ] paper

   c. [ ] Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. [ ] Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).

11. [ ] Original U.S. Patent for surrender

    [ ] Ribboned Original Patent Grant

    [ ] Statement of Loss (PTO/SB/55)

12. [ ] Foreign Priority Claim *(35 U.S.C. 119)* *(if applicable)*

13. [ ] Information Disclosure Statement (IDS)/PTO-1449 [ ] Copies of IDS Citations

14. [ ] English Translation of Reissue Oath/Declaration *(if applicable)*

15. [ ] Preliminary Amendment

16. [✔] Return Receipt Postcard *(MPEP 503)* *(Should be specifically itemized)*

17. Other: CHECK IN AMOUNT OF $ 1264.00

18. CORRESPONDENCE ADDRESS

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Signature	*(signature)*	Date	6/24/2003

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
ANDIGILOG-001R

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Fee		Other than a Small Entity Rate	Fee
(A) 9	Total Claims (37 CFR 1.16(j))	(B) 79	**** 59 =	x $9 =	531.00	or	x $___ =	
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 11	* 9 =	x $42 =	378.00		x $___ =	
			Basic Fee (37 CFR 1.16(h))	$375.00			$_____	
			Total Filing Fee	$1284 00		OR	$	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate	Fee		Other than a Small Entity Rate	Fee
Total Claims (37 CFR 1.16(j)	***	MINUS	**	* =	x $___ =			x $___ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x $___ =			x $___ =	
				Total Additional Fee	$		OR	$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☑ Applicant claims small entity status. See 37 CFR 1.27.

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No._____.
A duplicate copy of this sheet is enclosed.

☑ A check in the amount of $ _1284.00_ to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

6/24/2003
Date

Signature of Applicant, Attorney or Agent of Record

DONALD J. LENKSZUS

Typed or printed name